

Random Moment Time Study (RMTS)

MANDATORY ANNUAL TRAINING FOR INDEPENDENT SCHOOL DISTRICTS (ISD)

Federal Fiscal Year 2022

(October 2021 to September 2022)


Beginning October – December (OD21), HHSC will begin tracking the 504 Audiology services in the time study, however at this time you will not be able to bill for the services.

To track Audiology Services provided by an RMTS Participant in the direct service categories; "Audiologist – Licensed" or the "Audiology Assistant", a new drop-down option has been added. This modification will add an option to the **"Who?" Question 1** drop-down ("504 Student") and a subsequent addition of an option to the **"What?" Question 3** drop-down ("To Provide 504 Audiology Services") when the "504 Student" is selected in question1.

These new options should be used in the drop-downs for those participants who are in the direct service categories "Audiologist – Licensed" or "Audiology Assistant".

Below are screenshot examples of the changes stated above. Please include in your FFY 2022 RMTS participant training.

Screen 1: The RMTS Survey Welcome Screen – NO CHANGE



Welcome, [\(Logout\)](#)

Random Moment Time Study

Welcome to the Random Moment Time Study. Your participation in the random moment Time Study is an integral component for your program to receive Federal reimbursement and should only take a few minutes to complete.

Please complete the following screen indicating the activity that you were performing during your sampled date and time, providing as much detail as possible. If you have any questions, do not hesitate to contact the Fairbanks Client Information Center at (888) 321-1225.

Start Random Moment Time Study

Your Profile [\(Edit\)](#)
Name:
Email: @.cisd.net
Program: CISD
MAC Category: Personal Care Service Provider


Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com


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Screen 3: The RMTS Survey Questions Screen – AS IT CURRENTLY APPEARS



Welcome, ([Logout](#))

Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 **Random Moment Time:** 07/10/2020, 08:02 AM Central Time

1. Who was with you?

Please select an answer...

2. What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (i.e. teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.) Do not use proper names or acronyms.

3. Why were you performing this activity?

Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.

Certify & Submit

Your Profile ([Edit](#))


Name:


Email: @.icisd.net

Program: ICISD

MAC Category: Personal Care Service Provider

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)

 [RMTS Participant Manual 2-11-09](#)


Do You Need Help?


For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

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Screen 4: The RMTS Survey Questions Screen – AS IT CURRENTLY APPEARS with Q1 Dropdown Options



Welcome,  [Logout!](#)

Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 Random Moment Time: 07/10/2020, 08:02 AM Central Time

1. Who was with you?

Please select an answer...

Please select an answer...

Special Ed student

Student - Not Special Ed

Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)

Multiple students

Teachers, Aides, or School Administrator(s)

Related Service Provider

Parent, Guardian, or Caregiver

No one, alone

Not Working

Other - please specify below


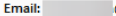

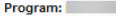
2.



3. Why were you performing this activity?

Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.

Certify & Submit

Your Profile [\(Edit\)](#)
Name: 
Email: @.net
Program: 
MAC Category: Personal Care Service Provider


Reference Materials
 [RMTS Information Website \(TX - HHSC\)](#)
 [RMTS Participant Manual 2-11-09](#)

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Screen 5: The RMTS Survey Questions Screen –CHANGE – with NEW Q1 Dropdown


 **FAIRBANKS** LLC

Random Moment Time Study

 **YOUR TIME STUDY IS NOT COMPLETE.**

 **Random Moment Time:** 07/10/2020, 08:04 AM Central Time

1. Who was with you?

Please select an answer...

Special Ed student

504 Plan Student

Student - Not Special Ed

Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc

Multiple students

Teachers, Aides, or School Administrator(s)

Related Service Provider

Parent, Guardian, or Caregiver

No one, alone

Not Working

Other - please specify below

2.

3. Why were you performing this activity?


Please answer the above questions to see the available answers for this question.

I confirm that my response above is an accurate representation and description of my activity/activities during this Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.


Certify & Submit


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Screen 6: The RMTS Survey Questions Screen –CHANGE – When new “504 Plan Student” is selected NEW Q3 Dropdown Options



Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 07/10/2020, 08:04 AM Central Time

1. Who was with you?

504 Plan Student

2. Please select an answer...

- To provide or obtain information to or from a student's family
- To determine student's/family's eligibility for Medicaid/Health benefits
- To determine student's/family's eligibility for other programs/benefits
- To upgrade professional skills through training
- To improve social/vocational/educational services for the district's students
- To improve health related services for the district's students
- To coordinate/provide transportation
- To coordinate/provide translation
- To provide counseling
- To participate in a meeting
- Not Working
- Other - please specify below

3. To provide 504 Audiology Services

Please select an answer...

I confirm that my response above is an accurate representation and description of my activity/activities during Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.


Certify & Submit

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

Screen 7: The RMTS Survey Questions Screen – with new options selected

Welcome, Jennifer M. Garcia ([Logout](#))

Random Moment Time Study

 YOUR TIME STUDY IS NOT COMPLETE.

 Random Moment Time: 07/10/2020, 08:04 AM Central Time

1. Who was with you?

504 Plan Student

2. What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (i.e. teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.) Do not use proper names or acronyms.

I was assisting a student with an Audiology eval/test as part of their 504 Plan

3. Why were you performing this activity?

To provide 504 Audiology Services

I confirm that my response above is an accurate representation and description of my activity/activities during the Random Moment Time Study (RMTS) sample date and time. I certify that I am the individual authorized to complete this RMTS as indicated in the upper right hand corner of this screen. I also confirm that I have received training regarding my participation and the accurate completion of this RMTS form.

Certify & Submit

Your Profile ([Edit](#))

Name: Jennifer M. Garcia
Email: [redacted]@[redacted].isd.net
Program: [redacted] ISD
MAC Category: Audiologist - Licensed

Reference Materials

 [RMTS Information Website \(TX - HHSC\)](#)
 [RMTS Participant Manual 2-11-09](#)


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Screen 8: The RMTS Survey Certification Screen – NO CHANGE

Welcome, ([Logout](#))

Random Moment Time Study

✓ CONGRATULATIONS , YOU HAVE COMPLETED THE TIME STUDY!

 Random Moment Time: 07/10/2020, 08:04 AM Central Time

Thank you for participating in the time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

[Print](#) [Confirmation Receipt](#)

Your Profile
Name:
Email: @.isd.net
Program: ISD
MAC Category:

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

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Screen 9: The RMTS Survey Confirmation Screen – NO CHANGE

Welcome, ([Logout](#))

Random Moment Time Study

 YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 07/10/2020, 12:59 PM CENTRAL TIME.

 Random Moment Time: 07/10/2020, 08:04 AM Central Time

Here are your answers:

Who was with you?
504 Plan Student

What were you doing?
I was assisting a student with an Audiology eval/test as part of their 504 Plan

Why were you performing this activity?
To provide 504 Audiology Services

[Print](#)

Your Profile
Name:
Email: @.isd.net
Program: ISD
MAC Category:

Reference Materials
[RMTS Information Website \(TX - HHSC\)](#)
[RMTS Participant Manual 2-11-09](#)

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If you have any questions, please contact the Texas Health and Human Services Commission (HHSC) Time Study Unit at Timestudy@hhs.texas.gov or at (737) 867-7794.